

ACORD<sup>TM</sup>

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/06/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>UT-COMMERCIAL LINES</b> <b>COBB STRECKER DUNPHY &amp; ZIMMERMANN</b> <b>5 TRIAD CENTER SUITE 340</b> <b>SALT LAKE CITY, UT 84180</b>	<b>CONTACT NAME:</b> KATHY MARTINEZ	
	<b>PHONE (A/C, No, Ext):</b> 801 537-7467	<b>FAX (A/C, No):</b> 8015377468
<b>INSURED</b> <b>ANDERSON ENGINEERING CO., INC.</b> <b>977 WEST 2100 SOUTH, SUITE 100</b> <b>SALT LAKE CITY, UT 84119</b>	<b>E-MAIL ADDRESS:</b> KMARTINEZ@CSDZ.COM	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> COLONY INSURANCE COMPANY	
	<b>INSURER B:</b> CINCINNATI INSURANCE COMPANY	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> <b>POLICY</b> <input checked="" type="checkbox"/> <b>PROJECT</b> <input type="checkbox"/> <b>LOC</b>			EPK300633	03/08/2014	03/08/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input checked="" type="checkbox"/> <b>HIRED AUTOS</b> <input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b>			ENP0130026	03/08/2014	03/08/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> DED <input type="checkbox"/> RETENTION \$			EXC300634	03/08/2014	03/08/2015	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ANY & ALL WORK PERFORMED BY THE INSURED. BP REMEDIATION MANAGEMENT IS ADDITIONAL INSURED ONLY IF REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO GENERAL LIABILITY AND AUTO LIABILITY. WAIVER OF SUBROGATION ONLY IF REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO GENERAL LIABILITY AND AUTO LIABILITY APPLIES IN FAVOR OF BP REMEDIATION MANAGEMENT. UMBRELLA COVERAGE IS FOLLOW FORM OF THE UNDERLYING COVERAGE.

## CERTIFICATE HOLDER

## CANCELLATION

BP REMEDIATION MANAGEMENT  
 C/O PICS  
 PO BOX 51387  
 IRVINE, CA 92619

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Carly O...*

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<b>PRODUCER</b> <b>UT-COMMERCIAL LINES</b> <b>COBB STRECKER DUNPHY &amp; ZIMMERMANN</b> <b>5 TRIAD CENTER SUITE 340</b> <b>SALT LAKE CITY, UT 84180</b>	<b>CONTACT NAME:</b> KATHY MARTINEZ <b>PHONE (A/C, No, Ext):</b> 801 537-7467 <b>FAX (A/C, No):</b> 801 537-7468 <b>E-MAIL ADDRESS:</b> KMARTINEZ@CSDZ.COM  <table border="1"> <thead> <tr> <th data-bbox="812 420 1445 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1445 420 1589 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="812 451 1445 483"><b>INSURER A : COLONY INSURANCE COMPANY</b></td> <td data-bbox="1445 451 1589 483"><b>39993</b></td> </tr> <tr> <td data-bbox="812 483 1445 514"><b>INSURER B :</b></td> <td data-bbox="1445 483 1589 514"></td> </tr> <tr> <td data-bbox="812 514 1445 546"><b>INSURER C :</b></td> <td data-bbox="1445 514 1589 546"></td> </tr> <tr> <td data-bbox="812 546 1445 577"><b>INSURER D :</b></td> <td data-bbox="1445 546 1589 577"></td> </tr> <tr> <td data-bbox="812 577 1445 609"><b>INSURER E :</b></td> <td data-bbox="1445 577 1589 609"></td> </tr> <tr> <td data-bbox="812 609 1445 636"><b>INSURER F :</b></td> <td data-bbox="1445 609 1589 636"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : COLONY INSURANCE COMPANY</b>	<b>39993</b>	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER F :</b>															
<b>INSURED</b> <b>ANDERSON ENGINEERING CO., INC.</b> <b>977 WEST 2100 SOUTH, SUITE 100</b> <b>SALT LAKE CITY, UT 84119</b>															

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>CONTR. POLLUTION</b>		EPK300633	03/08/2014	03/08/2015	\$1,000,000 OCC/AGG
A	<b>EXCESS POLL LIAB.</b>		EXC300634	03/08/2014	03/08/2015	\$4,000,000 OCC/AGG

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ANY & ALL WORK PERFORMED BY THE INSURED. BP REMEDIATION MANAGEMENT IS ADDITIONAL INSURED ONLY IF REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO POLLUTION LIABILITY. WAIVER OF SUBROGATION ONLY IF REQUIRED BY WRITTEN CONTRACT WITH RESPECT TO POLLUTION LIABILITY APPLIES IN FAVOR OF BP REMEDIATION MANAGEMENT.

## CERTIFICATE HOLDER

## CANCELLATION

**BP REMEDIATION MANAGEMENT**  
**C/O PICS**  
**PO BOX 51387**  
**IRVINE, CA 92619**

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AUTHORIZED REPRESENTATIVE



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<b>INSURED</b> <b>ANDERSON ENGINEERING CO., INC.</b> <b>977 WEST 2100 SOUTH, SUITE 100</b> <b>SALT LAKE CITY, UT 84119</b>	<b>INSURER B:</b>		
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EXC300634	03/08/2014	03/08/2015	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROFESSIONAL LIABILITY</b> <b>CLAIMS MADE</b>			EPK300633	03/08/2014	03/08/2015	\$1,000,000 PER CLAIM \$2,000,000 AGGREGATE \$25,000 DEDUCTIBLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**EVIDENCE OF INSURANCE.**

## CERTIFICATE HOLDER

## CANCELLATION

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**C/O PICS**  
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AUTHORIZED REPRESENTATIVE

*Carly W. [Signature]*

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